



**Written Testimony in Support of HB858: Medical Aid in Dying,
Melissa Stacy, Regional Advocacy Manager, Compassion & Choices and
Compassion & Choices Action Network
Committee on Health and Human Services, Subcommittee on Health
February 1, 2024 4:30 p.m. Eastern**

Chair Hope and members of the Subcommittee on Health:

My name is Melissa Stacy. I am the Regional Advocacy Manager for Compassion & Choices and the Compassion & Choices Action Network. We are the nation's oldest and largest nonprofit organization working to improve care and expand options at life's end. We advocate for legislation to improve the quality of care for terminally ill patients and affirm their right to determine their own medical treatment options as they near the end of life.

I'm submitting this testimony in support of HB858: Medical Aid in Dying.

In a growing number of jurisdictions, lawmakers like yourselves are examining the experience of the eleven other jurisdictions that have authorized this medical practice and developing legislative approaches to meet the needs of their constituents who want the peace of mind that authorizing this law results in.

If passed, HB858 would allow mentally capable, terminally ill adults with 6 months or less to live the option to request, obtain and take medication — should they choose — to die peacefully in their sleep if their suffering becomes unbearable. HB858 includes strict eligibility criteria and practice requirements to ensure the highest standard of care. Patients can change their mind about utilizing the option at any time during the multi-step process. Participation is voluntary for patients and providers. It is important to note that individuals are not eligible for medical aid in dying solely because of advanced age, disability or chronic health conditions.

Talking about death is hard and yet all of us will experience it. We have heard and will hear a lot of emotional testimony. At its core, this legislation is about giving terminally ill people an option.

This option is NOT taken lightly and the many safeguards in place ensure that the decision is not made in haste. There is a multi-step request process in place to request and receive the medication under this law. The many safeguards have proven to work over the past 25 years in 11 authorized jurisdictions.

We all have our personal religious ideals, personal values, and our personal ethics. Our last days and death should also be guided by these principles. Terminally ill people who are eligible under this act are dying. They deserve access to the full breadth of legal end-of-life options including the right to choose curative or life-extending interventions, or to forgo treatments and opt for palliative care, hospice care or medical aid in dying.

A [November 2022 Wason Center](#) poll shows that seven out of ten Virginians (70%) support medical aid-in-dying, including a majority of state residents regardless of age, education, gender identity, political affiliation or religion (if any). The growing support for medical aid in dying is attributable, in part, to the fact that it is a compassionate and time-tested end-of-life care option. We now have over 25 years of experience since the nation's first medical aid-in-dying law took effect in Oregon in 1997 and decades of combined experience from the other 10 other authorized jurisdictions, including nearby Washington, D.C. and New Jersey. One's zip code should not dictate whether a terminally ill person can seek medical aid in dying.

Not all patients who obtain a prescription will actually ingest the medication. But merely having the prescription available is itself palliative.¹ Additionally, in all this time there has never been a single substantiated case of abuse or coercion of the laws. Instead, terminally ill people in these jurisdictions have been given the peace of mind to know that they have access to this option.

The data from the jurisdictions that have authorized medical aid in dying and subsequently published statistical reports demonstrates that less than 1% of people who die annually in an authorized jurisdiction will decide to use the law. However, awareness of the law has a palliative effect, relieving worry about end-of-life suffering. Individuals report experiencing enormous relief from the moment they obtained the prescription because it alleviated their fears of suffering.² Quite simply, medical aid in dying is a prescription for peace of mind.

Researchers and legal scholars have confirmed that the experience across the authorized jurisdictions “puts to rest most of the arguments that opponents of authorization have made — or at least those that can be settled by empirical data. The most relevant data — namely, those relating to the traditional and more contemporary concerns that opponents of legalization have expressed — do not support and, in fact, dispel the concerns of opponents.”³

¹ *Medical Aid-in-Dying Data Across Authorized States, 2023*. Compassion & Choices. Available from: https://www.compassionandchoices.org/docs/default-source/default-document-library/final_maid-utilization-report_1-24-2024.pdf?sfvrsn=5a81525d_2

² *A Therapeutic Death: A Look at Oregon's Law*. Psychology, Public Policy, and Law, K. Cerminara & A. Perez, (2000) Available from: <https://www.ncbi.nlm.nih.gov/pubmed/12661538>

³ *A History of the Law of Assisted Dying in the United States*. SMU Law Review, A. Meisel, (2019) Available from: <https://scholar.smu.edu/cgi/viewcontent.cgi?article=4837&context=smulr>

The evidence is clear: medical aid-in-dying laws protect terminally ill individuals, while giving them a compassionate option to die peacefully and ensuring appropriate support and legal protection for the care providers who practice this patient-driven medicine.

Decisions about death belong to the dying, and good public policy enables them to engage in open conversations with their doctors, their loved ones, and their faith or spiritual leaders about their physical and spiritual needs at the end of life. This legislation gives terminally ill people peace of mind to not worry about whether or not they are going to die a horrible death, and instead focus on the present and the time that they have left. Terminally ill individuals don't have the luxury of endless deliberations; they need the relief that this law affords them right now. Not a single additional person will die if this legislation is enacted, but fewer will suffer.

You will hear and receive testimony from patients and surviving family members about the importance of ensuring every mentally capable, terminally ill adult has access to the full range of end-of-life options including medical aid in dying. I ask that you think about the testimony you hear and receive, and that you share the stories you hear and read with your colleagues. I urge you to act now, because for many residents of the Commonwealth, it is already too late. You can take action to prevent any more terminally ill Virginians from suffering needlessly by passing this compassionate legislation in 2024.

Thank you,
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The Compassion & Choices family comprises two organizations: Compassion & Choices (the 501(c)(3)), whose focus is expanding access, public education and litigation; and Compassion & Choices Action Network (the 501(c)(4)), whose focus is legislative work at the federal and state levels.

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